



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



Training and Educational Institution Agreement

Application Check List

1. _____ Letter of request to the Medical Standards Committee of KBEMS requesting approval to establish an EMS educational institution.
2. _____ Complete the application provided; include all necessary credentials.
3. _____ Complete the educational institution synopsis provided.
4. _____ Provide a copy of the course syllabus. (Need only be provided one time unless revised.)
5. _____ Provide a copy of the institutions admission policy and procedure. (Need only be provided one time unless revised.)
6. _____ Complete TEI Agreement and have notarized.